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ORIGINAL DEPARTMENT.

Communications.

SUCCESSFUL CASE OF TENOTOMY

To relieve Structural Contraction of the Hamstring, pectinalis, adductor longus, sartorius, tensor vaginæ femoris muscles, and of the tendines Achilles of each extremity.

By A. G. WALTER, M. D.,

Of Pittsburg, Pa.

There are very few operations in surgery, the immediate results of which are so striking, and the consequences so free from danger, as those of tenotomy. No matter how extensive the subcutaneous section may have been, febrile excitement is seldom provoked to any considerable degree, and the after treatment, if judiciously conducted, is generally devoid of all risk and pain, and mostly unaccompanied by any unpleasant sensation whatever. The following case is but one of many instances of the relief which tenotomy has been able to afford in very aggravated cases of deformities of the limbs, even of many years standing.

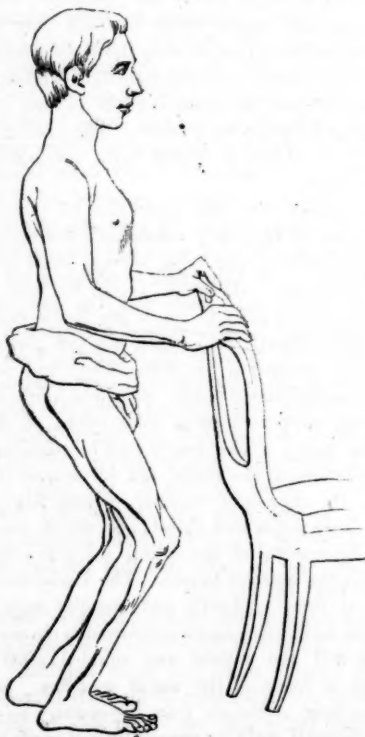
Edward S. C., son of Jacob W. C., of Scott Township, Allegheny County, Pa., 16 years of age, a seven months child; when born very small and feeble, yet able to nurse; grew with care stout and fleshy. When seven months old he began to walk around a chair. About this time dentition commenced and with it a decline of health. He became sleepless, with fretfulness and jerking of his limbs, accompanied with diarrhoea and vomiting. For two years he remained in this condition, having to be carried about on pillows on account of extreme emaciation and feebleness. Slowly recovering after this, when three and a half years old he was noticed while creeping on the floor to drag his limbs after him, not being yet able to stand or walk; still, while sitting or reclining he could move his limbs with perfect freedom. At the age of four years he commenced walking, but his limbs would jerk up in stepping, while the knees rubbed each other, his toes inclined inward, and the forepart of the feet only touched the ground. His body while

walking made a swinging motion, the shoulders rising alternately. Awkward though and tiresome as progression was, still he improved by practice, and after sometime could even run for a short distance.

The upper part of his body became well developed, but the lower did not keep pace in growth, the muscles of the lower limbs remaining small, atrophy of their tissue being accompanied with rigidity. Not being able to support the incumbent weight of the body, the ankles, knees and hip joints yielded, and contraction of the flexor muscles, attached to those articulations with consequent relaxation of their opponents was the result. He now no longer could stand erect without great effort; the femora were bent upon the pelvis with powerful adduction of the same to each other, the knee joints were flexed and the feet presented the species of "pes varus." Walking, too, became more and more laborious and burdensome. Various means of relief were tried, and many, very many were the physicians who during a number of years had been consulted, without, however, being able to alleviate his distressing condition. Such was the case when three years ago by the advice of a surgeon of this city, the tendo Achillis of the right foot was divided with the full promise of cure, contraction of that tendon being alleged as the sole cause of the general deformity of the lower limbs, the other tendons and muscles being retracted by sympathy. After division of the right tendo Achillis, an iron shoe was ordered, and the parents of the boy consoled with the assurance that all would soon be right, and that the boy would shortly run over the hills.

Those pleasing anticipations, however, were not realized; instead of improvement following, the patient became more and more helpless. The weight of the upper part of the body increasing, the lower limbs were no longer able to support him, and permanent structural contraction of the tensor fasciæ vaginæ, adductor magnus and pectinalis, of the hamstring tendons and tendines Achillis took place. He was not able to separate the thighs, and his pantaloons at the inside of the knee joint were constantly worn out by friction. Walking became not only a burden, but a painful

act of locomotion, the recti femoris muscles not being able to bear the unusual strain of keeping him erect. They would give way under the powerful efforts of balancing himself, his knees would suddenly bend, and falling upon the seat was of frequent occurrence. Surprised at the failure of relief by tenotomy of the right tendo Achillis, the same surgeon, a year after, persuaded himself and the parents that cauterization by the red hot iron to be applied along the spine and the posterior surface of the lower limbs would certainly effect a cure, the cause of the infirmity being then located in the spinal marrow. For more than a year this painful process of burning and blistering once a week, along the spine and lower limbs, was faithfully carried out and suffered by the poor boy, yet no relief, as was to be expected, followed. The case was then abandoned, as the resources of the sanguine adviser had been exhausted.



In October, 1862, the writer being consulted, on examination found the following condition. The patient is tall for his age, of hepatic constitution, nervo-sanguineous temperament, with muscles of the upper part of the body well developed, and large strong bones. He is healthy, robust and strong, showing a great deal of strength in his

arms; his mind is strong, intellect and judgment unusually ripe, with great determination and strong will. He cannot stand erect unsupported, with hips and knees bent, toes inclining inward, and forepart of feet touching the ground. Walking is exceedingly awkward, tiresome and painful; it is by a swinging motion of the body from side to side, that he progresses, with bent hips and knees, knee joints inclining and touching each other, feet wide apart, inclining inward, and the forepart only coming in contact with the ground. Patient is unable to extend the hip joints and to abduct the femora; by great manual effort, however, a separation of three inches can be effected. He can flex both knees but not fully—more the left than the right one; cannot extend them, the right one being contracted more than its fellow. The muscles of the thighs are not atrophied, yet hard, especially the extensores cruris being very rigid, as evidence of the great stress they had to undergo in walking, having to bear the whole weight of the body in the semiflexed condition of the joints. The gastrocnemii muscles are atrophied and rigid. The tendons of all the retracted muscles are unusually large and strong. By extending the knee joint forcibly with the hands, the ankle joint becomes extended and resists flexion, the heel then showing retraction due to structural contraction of the tendo Achillis. Has more power in left ankle than in right one, on account of the lesser degree of the retraction of the left knee joint, owing to the contraction of the adductor longus, pectinalis, tensor vaginæ femoris and sartorius; the femora are bent towards the abdomen and the knees touch each other. The lower part of the spine is very hollow, the spinal column thus accommodating itself to meet the line of gravity, which had become altered by flexion of the hip and knee joints. The ribs on both sides of the lower part of the sternum are prominent. His chest is full and sonorous. On rising from the sitting posture he is at times hardly able to support himself and to walk, on account of pain in the knee joints, recti cruris muscles and patellæ. On some days the adduction of the knee-joints is not as strong as on others. Can move better than stand still, frequently sinks down in doing so. Cannot lift up his right leg upon a stool without striking the toes against it, but can do so with the left one. His general health is good, sleeps well now without starting or dreaming, his bowels are regular; is troubled with acidity, possibly due to want of exercise, and frontal cephalæa over the eyebrows. His appetite is very good. Has never been afflicted with any other of the infantile disorders but those the result of dentition. His skin

is dark and rugged. He is fond of reading and study. Head not too large. He had always been very nervous, the jaggings of a pin or a sudden noise will jerk his limbs; his hands trembling while being extended or while writing. He can walk but little, and then only with great effort.

This being the condition of the patient when he presented himself, we felt confident of affording relief by extensive subcutaneous section of all the muscles implicated, but refrained from making any promises as to the ultimate result of the operation. On October 19th, 1862, assisted by several medical friends, the patient being fully under the anæsthetic influence, the adductor longus and pectinales muscles were subcutaneously divided by a tenotome a little distance below their attachment to the os pubis. An audible crack denoted their complete separation, allowing an easy and almost full abduction of the femora. The tensor vaginæ femoris was next divided some distance above the joint, extension of the hip joint thus being gained. The tendon of the muscles semimembranosus and semitendinosus, biceps flexor cruris and sartorius were divided at the knee joints, and the tendines Achilles above the os calcis. This extensive section was accomplished without the loss of blood. A long padded sheet iron splint, such as I have been in the habit of using for fractures of the femur, with counter extension by a perineal band running up along the median line of the femur and groin, and counter extension from the ankle, was applied along the outside of the limb, without, however, making any attempt at extension, affording at present a mere support to the limbs. The knee joints were kept separated by the interposition of a pillow. A full anodyne of morphia was ordered. For the succeeding three days there was some febrile excitement, frequent jerking of the limbs during sleep and while awake, occasioning pain in the tendines Achilles, poplites and groins, which, however, yielded to chloroform. *gtt. x. in camph. water*, given every three or four hours, and to friction along the limbs with *extr. bellad. 3j, to 3iij, ung. hydr. and 3v adipis*. Gradual extension and abduction of the limbs was now commenced without pain, the contracted tendons and muscles yielding readily, but with a feeling of weariness in the stretched muscles. At the seat of subcutaneous section there was neither pain nor swelling, the wounds having closed by first intention. This feeling of weariness, however, in the contracted muscles occasionally increased to actual pain, requiring opiate for its pacification, which had to be kept up for several weeks, as it was found that pain in the different

muscles returned as soon as the anodyne effect began to wear off. It was, however, but natural to suppose that the muscles, retracted and contracted for so many years, would react under the influence of the extending forces and become painful, and that patience on the part of the patient, and time, would under the soothing effect of the opiate eventually overcome weariness and painfulness. At the end of three weeks both limbs were fully extended, abduction too being accomplished; the extending splint was now removed, and a volar, femur and crus splint, well padded, substituted, which was bandaged to his limbs with a flannel roller from the ankles upward, the limbs having been previously anointed with *veratr. ointment*. He was now allowed to sit up and felt relieved of all pain. He could sleep on his back, which before the operation he was unable to do, resting on his side with his knees drawn up to his chin. The recti cruris muscles which felt so rigid before the operation, owing to the constant severe strain to which they were subjected while trying to keep the body erect, appeared now flaccid and lengthened, as well as the ligamentum patellæ, disabling the patient from extending fully the knee joints. The patellæ too were observed to rest higher upon the condyles of the femur.

Four weeks after the operation he began to stand upon his feet, only occasionally feeling some pain in the limbs, and in the sacrum while in the erect position. He soon began to use his crutches, being able to move his limbs during locomotion, though they were not yet perfectly under the control of his will. They had to be trained and educated anew. His knee joints were still kept supported by a volar splint of sheet iron for many weeks longer, while stimulating daily frictions to the limbs and spine were instituted. On change of weather, patient felt pain in the knee joints and shin-bones, which was relieved by removal of the splints for a few hours, allowing the muscles to rest. The limbs though weak at first, gradually and steadily regained strength, and having again submitted to the control of the will, the patient was enabled after six months, to leave off the use of crutches. Some months later, returning from the country he presented himself, walking gracefully and easily with a cane. His gait *then* was natural, control over limbs perfect, and the joints perfectly straight. There is, however, some slight swinging motion of his body during locomotion left. He can walk any distance with comfort, can ride a horse and use his limbs freely, feels no longer any pain, but some weariness in the rectus cruris muscles after

protracted exercise, and has gained *four inches* in height by the straightening of the contracted joints. Two and a half years having now elapsed since the operation, the patient has been steadily gaining strength under the use of frictions to the limbs and spine, and considers himself restored. The lower limbs have become fleshier, and bid fair henceforth to keep pace in growth with the upper ones.

SPOTTED FEVER.

By M. M. BUNNY, M. D.,

Of Hillsborough, Indiana.

The disease known by the various names of "Cerebro-spinal Meningitis," "Spotted Fever," and "Putrid Fever," has engaged the attention of the profession as much perhaps as any one disease, during its recent visitations in our country. Its fearful fatality has awakened the fears of the masses, and they look inquiringly to the investigations of the medical world to stay its ravages. The answer to this expectation is seen in the labors of the profession to understand its pathology and treatment. Numerous articles have appeared in the medical journals, tending to throw light on the subject, and the generally received opinion seems to be that the morbid condition is confined to the nervo-fibrous substance contained within the cranium and spinal column, or to the meninges of the brain and spinal marrow, being an inflammation of the meningeal covering of the great nervous mass. The facts obtained from post-mortem investigations seem to support this conclusion. The pathology of spotted fever is not, however so well established as to warrant the treatment for meningeal inflammation without reference to other morbid phenomena. Indeed, every important organ of the system becomes primarily or secondarily impressed.

In country practice we do not enjoy the benefit of post mortem investigations to a great extent, consequently we are compelled to rely on and give credence to the pathological researches of our city brethren, in public practice. But "spotted" fever having prevailed, to the greatest extent, in country practice, physicians have had to content themselves with observations at the bed-sides of their patients.

Without stopping to enumerate the symptoms, (which are impressed on the mind of every practitioner who has witnessed the disease,) I will proceed to say that this disease possesses at least three stages; first, chill; second, febrile stage; third, stage during which the spots slough out, and leave deep irritable cavities, slow to heal.

The disease prevails to the greatest extent in

miasmatic districts, where intermittents are prevalent, and many of its characteristics are similar to continued forms of fever in general.

After the inception of the agent which produces the morbid condition, there is, as in many fevers, a sense of languor for hours or days preceding the attack. That the fluids of the body are primarily affected, I think there can be but little doubt. The cerebral and spinal symptoms I regard as secondary, and the result of congestion during chill. A congested condition of all the internal organs during chill is manifest. The fluids, especially the blood, are vitiated, and fail to perform their important functions; and the result is a very marked putrescent condition, manifested by the spots which appear, irregular in shape and size, over the surface.

These spots, or black patches, are not dependent on capillary congestion beneath the cuticle, but are a mass of putrid dead flesh, which in a few days becomes detached from the surrounding healthy parts. That this condition could result from simple meningitis, seems questionable. Again, the intellectual powers are not usually more disturbed than in other forms of general fever. The soreness and stiffness of the muscles, predominant throughout the course of the disease go far to establish the fact that the fever is general, and not dependent on a local inflammatory action. The poison or agent which gives rise to this malady, may be allied, in some respects, to the miasmatic influences that produce other forms of fever.

The fact that this fever prevails in particular districts for two or three years in succession, while other and higher districts are exempt, goes far to prove that miasma of some character is concerned in its production.

Having hinted at my views of spotted fever, I will append the treatment most successful in my hands. Blistering the spine, or especially the back of the neck, extending the blister down between the shoulders, relieves the congestion of the brain and spinal marrow, and, by its permanent derivative effects, does much good. Apply the blister early, and keep it discharging until fever subsides.

To relieve chill and establish reaction, give brandy freely; and at the same time apply warmth to the surface, and excitants to the extremities. Diffusible stimuli may be cautiously exhibited throughout the disease. To enrich the blood, use the ferruginous preparations. I prefer tinct. ferri. chloridi, twenty drops every four hours. To counteract the putrescent condition, I use the preparations of lime.

R. Calcis chloridi, $\mathfrak{z}\text{i}$.
Aqueæ, $\mathfrak{f}\mathfrak{z}\text{ij}$. M.

Give a tablespoonful every four hours.

Tonics I deem indispensable. Quinîæ sulph,
gr. two to five, every three hours.

When a cathartic is required, I prefer

R. Oleum ricini, $\mathfrak{f}\mathfrak{z}\text{ss}$
Ol. terebinth., $\mathfrak{gtt. x}$. M.

Repeat every six hours, if necessary. Bathe
the joints with terebinth twice per day.

The diet throughout the attack should be nour-
ishing. Mutton or beef soup, well salted, will
answer well.

The above plan of treatment has proved suc-
cessful with me. The treatment throughout
should be varied to meet indications as they
present themselves.

Hospital Reports.

PHILADELPHIA HOSPITAL, }
November, 1864. }

SURGICAL CLINIC OF DR. D. HAYES AGNEW.

Reported by W. H. Ford, M. D., Resident Physician.

RADICAL CURE OF HERNIA.

Dr. Agnew's New Operation.

B. J., æt. 35, has a reducible oblique inguinal
hernia, for the radical cure of which we propose
to operate.

A hernia is a protrusion of a portion of the ab-
dominal viscera through a natural or accidental
channel in the abdominal parietes, forming a tu-
mor, consisting of a portion of the peritoneum,
and certain coverings.

Causes. The causes are both predisposing and
exciting. The predisposing cause is natural or
accidental weakness of the abdominal walls. The
exciting cause is excessive contraction of the ab-
dominal muscles and diaphragm, by which com-
pression is made upon the viscera.

Anatomy. The inguinal canal is the oblique
space at the lower boundary of the abdominal
parietes through which passes the spermatic
cord in the male, and the round ligament in the
female. At its upper extremity is the internal
abdominal ring, which is situated in the *facia*
transversalis, and is midway between the anterior
superior spinous process of the ilium and the
spine of the pubis, and about a half inch above
Poupart's ligament. At its lower extremity is the
external abdominal ring, which is situated in the
tendon of the external oblique muscle, just above
and to the outer side of the pubis. In oblique
inguinal hernia—the most common variety—the

bowel enters the canal at the internal ring, and
makes its exit at the external ring.

Treatment. The treatment is both palliative
and radical. The palliative treatment consists in
the use of a truss, by which means the bowel is
prevented from entering the canal. The truss
may be supplied with a light wooden block, after
the plan of Chase, and it should fit accurately.
The radical cure of hernia is frequently produced
in children and young persons, by means of a
Chase-truss. The hard pad not only prevents the
bowel from entering the canal, but, by its con-
stant pressure, excites sufficient adhesive inflam-
mation to agglutinate the parts together. This
treatment applied to adults almost always fails,
hence resort has been made to operations.

1st. GERDY'S operation consists in blocking up
the canal, by invaginating it with the integuments
exterior to it, and confining them by interrupted
sutures or pins. This operation failed, and has
fallen into disuse. It failed, because it was im-
possible to produce adhesive inflammation along
the canal. The cuticle had to be removed by ul-
ceration; so that, while one part of the tissue was
in a state favorable to adhesive inflammation,
another part was in a state of ulceration and
sloughing.

2d. WUTZER'S operation. An operation was
performed by WUTZER in 1838, which has enjoyed
great popularity. It is essentially a modification
of GERDY'S operation. Of 3000 operations per-
formed, 2100 are said to have been successful. Suc-
cess has not attended this operation in this coun-
try. (Dr. AGNEW has performed this operation—
a number of times—without success.) The in-
strument consists of a cylinder of wood, about
three inches in length, and from one-half to
three-fourths of an inch in diameter; having an
aperture near its extremity and at its inner
side, for the exit of a needle; and of a concave
wooden cover adapted to the convex surface of
the cylinder, and secured to it by means of a
screw. The hernia being returned, the integu-
ments from the scrotum are pushed through the
external ring, and up the inguinal canal to the
internal ring. The cylinder is carried along the
canal until its extremity is lodged in the internal
ring and the needle—which is concealed in the
cylinder—is then thrust through the integuments,
and the tissues are secured. The cover is then
screwed down upon the skin with the view of ex-
citing inflammation, the handle of the instrument
is removed, and the point of the needle covered
with a cork. During the application of the appa-
ratus, (which is for several days), and for one or
more weeks after its removal, the patient must be

kept quiet. After the apparatus has been removed, a truss should be worn for months, or until there is evidence of a complete cure of the affection. This operation has so frequently failed that it has fallen into disuse, especially in this country.

3d. Another operation consists in the introduction of an ivory ball, with two threads attached, as far as the internal ring—the canal having been invaginated by the skin, as in the other operations. The upper thread is brought out upon the abdomen by means of a needle, and is secured, while the lower thread hangs from the cul de sac, as a means of extracting the ball when sufficient inflammation has been produced.

4th. Dr. PANCOAST'S operation, which is similar to the operation for the radical cure of hydrocele by injection. The hernia is first reduced, and supported in its place by pressure; then a puncture is made through the wall of the canal, and a small quantity of the tincture of iodine is injected: inflammation is aroused, and the surfaces of the canal are agglutinated together. This plan has been successful, but not sufficiently so to make it a popular operation.

5th. The operation of WUTZER has lately been modified by Dr. AGNEW. The apparatus required for its performance consists: "first, of a steel instrument closely resembling a bivalve speculum, the blades, of which one has two longitudinal grooves, being three inches in length, and connected by a hinge near the handle, which is itself controlled by a screw; secondly, of a very long, slender needle, mounted upon a wooden handle, knobbed near its middle, and terminating in a curved point, pierced by an orifice; and, thirdly, of a common stout suture needle, two inches and a half in length."

The parts having been divested of hair, a portion of the scrotal integument is pushed through the external ring, up the canal to the internal ring, by means of the instrument, which has its grooved blade directed toward the abdomen. The instrument being securely held, the needle—threaded with silver wire—is carried along one of the grooves, and forced through the abdominal walls. The needle being withdrawn, is threaded with the other end of the silver wire, and is introduced along the other groove of the blade, and forced through the abdominal walls about half an inch from the other puncture. The ends of the wire are twisted over a pad of lint, and the plug secured. The blades of the instrument being widely separated, two transverse ligatures are passed between them by the large needle—one at the upper, and the other at the lower part of the ingui-

nal canal. These are tied loosely, as they are only intended as setons to excite inflammation. They may remain as long as two or three weeks. The instrument is then withdrawn, and the patient confined to bed. The wire thread may be retained for an indefinite length of time.

About one year and a half ago, this operation was performed three times in this hospital, by Dr. AGNEW. One was perfectly successful, but the other two—though not so successful—greatly benefitted the patients, as the hernia in each case did not descend to the scrotum, as before the operation. The patient upon whom the successful operation was performed, remained in the house many months, and died of some other affection. Upon dissection the inguinal canal was found blocked up by fibrous bands—the result of the organization of inflammatory deposits. This operation has failed for the same reason that the other operations by invagination of the skin have failed; namely, suppuration of the skin, which interfered with the necessary adhesive inflammation.

It is proposed to-day to obviate this difficulty, by modifying still further the last operation. The modification consists in opening the skin of the scrotum just below the external ring, by a perpendicular incision, about two inches in length, and parallel with the median line of the body; carefully dissecting it from the dartos structures, and then carrying the dartos muscle and underlying structures through the external ring up the inguinal canal to the internal ring by the instrument. This plug is secured in the same manner as in the last operation, and the setons are likewise introduced, and the instrument withdrawn. The wound in the skin is closed by several interrupted silver wire sutures. The patient is put to bed, and treated antiphlogistically. After the inflammation has subsided, a soft truss may be worn.

Dec. 7th, 1864. There is no return of the hernia. The inguinal canal is completely plugged by a mass of lymph. The wound in the scrotum has nearly healed, and the cure is apparently perfect.

The patient is not yet to return to his ordinary occupation, on account of the danger of the return of the disorder from the delicacy of the adhesions. He must be kept in bed some time longer.

Dec. 31st, 1864. The patient is perfectly cured. A soft padded truss will be worn for some months longer, to give support to the parts. This is the second case operated upon in this particular manner by Dr. AGNEW, both of which have been successful.

Feb. 14th, 1865. There is no return of the hernia. The truss is still worn.

Ununited Fracture of the Tibia.

The case of ununited fracture of the tibia, which was before the class a few weeks ago, in which DIEFFENBACH'S method was used, is again presented with the object of exciting more irritation about the fracture. Considerable union has taken place, but not sufficient to allow the use of the limb: hence, we propose to introduce an instrument somewhat like a gimlet, with a movable handle, to arouse new irritation. Through a puncture at the outer side of the spine of the tibia, near the edge of the upper fragment, we insert the instrument, and bore obliquely across the gap into the lower fragment. The handle is removed, and the instrument will be allowed to remain about four weeks, unless contra-indicated.

Acute Eczema.

H. R., æt. 32, has an eruption on both forearms, attended with itching, and inflammation of the skin, and oedema of the cellular tissue. The eruption began upon the hands, and has extended to the elbows. When the skin is carefully examined, numerous vesicles are discovered, thickly set together: they are small, and in places have become confluent. This is a case of acute eczema, which most probably depends upon derangement of the digestive organs. The treatment is both local and constitutional. The bowels must first be purged, and afterwards gently moved daily. The bitter tonics will be of much service. Locally, we will use an alkaline wash to remove the scales, and an alterative ointment.

PHILADELPHIA HOSPITAL, }
February, 1865. }

SURGICAL CLINIC OF PROF. S. D. GROSS.

Reported by W. H. Helm, M. D., Resident Physician.

Hernia.

CASE I. J. S., æt. 24. A negro. Ever since he has known himself, he has had a large tumor connected with his scrotum. It is eleven inches in length, extending half way down to his knees. From its situation, etc., it might be a hernia, or a hydrocele, or a fibroid, or an encephaloid, or other solid tumor. The testicle is distinctly perceived at the bottom of the tumor, which is always the case in a scrotal hernia. This is important in a diagnostic point of view, as in hydrocele the testicle is generally situated behind and about the middle of the tumor. It is occasionally found at the bottom of a hydrocele, but is not so distinct in outline. A distinct impulse on coughing is

imparted to the hand placed over the tumor. No impulse would be felt if it were a hydrocele, or a fibroid, or an encephaloid tumor. It is tolerably firm; apparently fluctuates; has a soft gaseous feel; is easily compressed or diminished in volume, which is accompanied by a kind of croaking sound. A hydrocele is a tolerably firm tumor, and decidedly fluctuates, but gives no croaking sound when compressed. Neither fibroid nor encephaloid tumors fluctuate at all, unless there is a collection of serum in the vaginal tunic. The same is true of orchitis. If it were an encephaloid tumor, it would have terminated his life long since. If fibroid, it would have attained greater bulk. If a hydrocele, it would probably have been relieved by an operation. There can be no hesitation then in pronouncing it a hernia, scrotal, and according to the man's account, congenital. Congenital hernias are not uncommon, or if not exactly congenital, they occur within a few hours or days after birth. They are caused by the testicle, in its descent from the abdomen, bringing down a fold of intestine. In a scrotal hernia, the spermatic cord is natural and easily perceived, and is always at the posterior part of the tumor. If of long standing, the cord is often enlarged from interstitial deposits. In scrotal hernia, the tumor grows from above, downward; while a hydrocele grows from below, upward. A hydrocele is translucent by transmitted light, which is not the case in any of the other affections named. Hydrocele is not reducible, nor are any of the others, except hernia, which is reducible by taxis, and can be retained by invaginating the scrotum with the finger carried up into the abdominal ring. The tumor is composed of intestine, probably the lower part of the ilium. Whether this was a hernia of oblique or direct descent, it is now impossible to say; but it may be taken for granted that it is oblique, through the inguinal canal, as this is usually the case. The external and internal abdominal rings are about eighteen lines apart in the normal state. In a hernia of long standing, the two rings are closely approximated by the constant traction, and the canal is effaced.

This case is one of interest in a medico-legal point of view. Could a man with so large a tumor, copulate? Several years ago, at Louisville, Kentucky, a case occurred before the court, of a man who was accused of getting his servant with child. He had an immense scrotal hernia, of long standing, and Dr. Gross gave his opinion, as an expert, that the man could not successfully effect an entrance. The other experts coincided in this opinion, and the

man was acquitted. In this case, the tumor is of large bulk, but is probably not so large as to prevent his effecting an entrance, especially as men of his race are remarkably gifted in length of penis. He states that he has never copulated, but that his penis, when erect, sticks out some inches from the tumor.

CASE II. E. B., æt. 68. A native of ———, and mother of four children. Was admitted to the surgical wards on the 11th inst., on account of a large tumor springing from the left groin. The tumor made its appearance seven years ago, and was caused by heavy lifting, some years after the birth of her youngest child. In less than one year after its appearance, and immediately after taking a long walk, the tumor became strangulated, and she was relieved by an operation. At this time, it was not so large as the fist. After recovery, she wore a truss for two years, during which time she was able to go about her business with comfort. She has not worn a truss for the last four years, and the tumor has been constantly increasing in size. The tumor is irregular and lobulated; its rough outline presenting the appearance of an inverted cone, the apex looking downward and inward. The apex reaches nearly to the knees. The tumor is reducible, receives an impulse on coughing, and emits a croaking sound on compression. It is a most remarkable case of femoral hernia. It consists almost entirely of intestine. There is a solid substance about the size of an egg, which gives a sense of sickness when compressed. It is probably a piece of omentum in a state of hypertrophy. Femoral hernia is more common in women, because the femoral ring is larger in them than in men. Inguinal hernia, on the other hand, is more common in the male, because the abdominal rings and inguinal canal are larger in the male than in the female. The tumor measures twenty-five inches in circumference at the base. The longest diameter, patient standing, is twelve inches. The transverse diameter at the base is nine inches.

The most common exciting cause of hernia is heavy lifting, and blowing on wind instruments. Inguinal hernia is far the most common variety, and is oftenest found on the right side, because most persons are right handed; and perhaps the position of the liver may have something to do with it. A brigade of hernia cases was marched before the class, illustrating the various kinds and sizes of hernia. The treatment of hernia is both palliative and radical. The palliative is by far the best, and consists in reducing the hernia, and applying a well-adjusted truss, with

a hard pad adapted to the anatomy of the part. There have been many attempts at a radical cure of hernia, but they have generally proved failures.

B. J., æt. 35, was operated on by Dr. AGNEW, Nov. 20, 1864, for a recent inguinal hernia. He performed his new operation of dissecting up the dartos structure of the scrotum, carrying it up into the abdominal rings, and retaining it there by means of a ligature. (The case was reported in the REPORTER.) It has now been more than three months since the operation, and there is every appearance that it will prove a perfect success.

Amaurosis or Retinitis.

A. W., æt. 29; a native of Germany. Has been seventeen months in this country. His occupation was making the points and eyes of needles. To render his sight clear enough for this purpose, he wore glasses constructed so as to go inside the lids, and rest against the ball. Six years ago, he was obliged to stop his work and go to farming, on account of the sight in his right eye failing. He could see nothing with his right eye. The left was not affected. In the course of six months, he could see indistinctly by placing an object close to his eye. His sight has gradually improved, until now he can read coarse print eight or ten inches from his eye. He has now some pain in his right eye, but none elsewhere; scintillations; dilated and scarcely movable pupil. The retina may be supposed to be affected, when the pupil is permanently dilated and immovable, but it is not at all certain. The use of the ophthalmoscope often throws great light on these affections. The ophthalmoscope reveals in this case several inflammatory spots upon the retina. They cannot be seen by the naked eye. If the case were a recent one, active antiphlogistic treatment would be advisable, such as venesection, leeching, cupping, purgatives, sedatives, exclusion of light, etc. As it is of six years' standing, no treatment is known that would be of much use. Improvement of the general health, with the use of iodide of potassium or the iodide of potassium and the bichloride of mercury for a long time, with intermissions, as sorbefacients, might possibly prove of some advantage. Counter-irritation is utterly useless.

Massachusetts General Hospital.

Dr. J. B. S. JACKSON has retired from the office of Visiting Physician to the Massachusetts General Hospital at Boston, a position which he had filled with honor and fidelity for a period of twenty-five years. On his retirement, the medical staff of the hospital addressed him a complimentary letter.

EDITORIAL DEPARTMENT.

Periscope.

Fissure of the Rectum successfully Treated by Forcible Distension of the Sphincter Ani.

The *N. Y. Med. Journal* states, that at a recent meeting of the Medical and Surgical Society of that city, it was said by Dr. OTIS, that he desired to call the attention of the Society to the good results following the forcible distension of the sphincter ani, in a case of fissure of the rectum, recently under his care—a lady who had suffered for a year and a half from acute pain following each attempt at defecation, and lasting from eight to ten hours. On examination, he had discovered a fissure an inch in length, just within the anus. After putting the patient under the influence of chloroform, and inserting both thumbs into the rectum, he forcibly distended the anus. From that time to the present, over four weeks, the patient had been entirely free from pain, and considered herself cured.

Endoscopy.

A late number of the *Brit. Med. Journal* contains a synopsis of a paper presented at a meeting of the Medical Society of the King and Queen's College of Physicians, held in the New College Hall, Kildare Street, Dr. F. R. CRUISE, of the Mater Misericordiarum Hospital, exhibited an "endoscope" which he has been using for some time past, and read a short paper explaining its practical utility in the diagnosis and treatment of many obscure forms of disease, especially those of the rectum and urino-genital organs. Dr. CRUISE's endoscope is a modification of Desormeaux's, and possesses the great advantage over it of an illuminating apparatus, so brilliant, and easily admitting of such perfect adjustment, that little or no previous training is required to enable the practitioner to obtain a satisfactory view of deep cavities which heretofore have been generally looked upon as quite inaccessible to sight.

Amongst these, we may specially mention the bladder and urethra; the rectum beyond the reach of the finger and speculum; the cavity of the cervix, and even of the body of the uterus; the nasal fossæ; the pharynx; cavities of ovarian cysts; abscesses; wounds containing foreign bodies; etc.

Dr. CRUISE's paper was enriched by the details of a number of obscure cases in which he had used the endoscope to the entire satisfaction of numerous medical men in Dublin.

This instrument, which has been thought of and talked about for the last thirty years, has from time to time attracted passing attention, and then sunk back into oblivion.

M. Segalas would appear to have originated the idea of endoscopy, which he soon abandoned as impracticable; and the late Mr. Avery of Lon-

don paid much attention to it. Sir Philip Cramp-ton also is said to have taken up the matter at one time; but no result followed. It would appear that of late years M. Desormeaux of Paris has been the only worker in this unexplored field; and to his perseverance much credit must be given.

This negligence would appear to be mainly due to the difficulty of obtaining a satisfactory and manageable illumination. Dr. CRUISE has undoubtedly removed this difficulty; and now, for the first time in this country, the endoscope has been proved an unquestionable success, and likely before long to modify and correct our opinions respecting certain obscure ailments, and to serve materially in their treatment.

It is unnecessary to enter into details of the means by which Dr. CRUISE obtains the admirable illumination and adjustment in his instrument, as we understand he is about very shortly to publish an account of it, as also a *resumé* of the work hitherto accomplished by its use. We think it only justice, however, to notice his labors and improvements, and the very favorable reception his communication met on Wednesday, and to give him the credit of priority in following up in this country the study of the long neglected endoscope, and demonstrating, for the first time in Dublin, its value as an aid in diagnosis and treatment.

Suture of Nerves.

MM. Eulenburg and Landois (*Berlin. Klinisch. Wochen.*, 1864) have undertaken a number of experiments on the suture of nerves. Their conclusions are unfavorable to the proceeding. They say that the cut ends of nerves, when brought into exact apposition by sutures, have no tendency to unite by first intention. In no case, moreover, has the suture been followed by return of function of the nerve, and even after several weeks. The anatomical examination of the cut nerves showed that the peripheric portion of the nerve had undergone the same changes—degeneration of structure—as when ligature is not applied.

Scottish Registrar-General's Report.

The Registrar-General observes that the character of the weather during any year is almost always different in Scotland and England. The *British Medical Journal* says, that in 1864 England was suffering from drought; the returns from 55 stations show a fall in Scotland of 38.6 inches, a fall somewhat above its average. There was nothing in the meteorological phenomena of the year to account for the great epidemic of typhus which prevailed. It attacked large masses of the people in the early part of the year, abated in the warmer season, but again resumed its virulence in September, and increased more and more till the year closed. The epidemic appeared among the people while in the midst of plenty; plenty of work, high wages, and cheap food being the characteristics of the year. The town where the demand for labor has been the greatest and wages highest, and in which there need not be a single person idle—viz., Greenock, has been the town where typhus has been

most virulent and fatal, causing above 14 per cent. of the deaths of the year, including among its victims four of the medical practitioners. Taking the experience of the Royal Infirmary of Edinburgh—namely, 1 death in every 12 cases of this epidemic, above 7 per cent. of the population of Greenock must have been attacked with typhus fever in 1864. But Greenock is shown by the register year after year to be by far the most unhealthy of the eight principal towns of Scotland, if not the most unhealthy town in Scotland. The inhabitants have to contend with two adverse causes which tend to induce predisposition to attacks of epidemics—a low-lying damp site, and greatly over-crowded dwellings, the house accommodation not keeping pace with the increase of the inhabitants. The report has to record an extremely unhealthy year; but small-pox was happily less prevalent than in 1863, and the new compulsory Vaccination Act is working much better than was anticipated.

Reviews and Book Notices.

Hand-Book of Skin Diseases, for Students and Practitioners. By THOMAS HILLIER, M. D., London. Member of the Royal College of Physicians; Physician to the Skin Department of University College Hospital; Physician to the Hospital for Sick Children. With illustrations. 8vo., pp. 353. Philadelphia: Blanchard & Lea. 1865. Price \$2.25.

It has been some time, indeed, since we have been called upon to notice a new work upon diseases of the skin, published either at home or abroad. With the exception of a few monographs upon some special class of these affections, there has been absolutely nothing new for several years past, and as those existing were either diffuse, inaccurate, incomplete, or out of date, we extend to the new volume a cordial welcome, before we are familiar with its contents. In the beginning we should say that Dr. HILLIER has served in the capacity as Physician to the Skin Department of University College for several years, and as his opportunities have been so favorable, the reader must give him credit for an experience second to none.

In the introductory chapters, the author gives the classification of GALEN and MERCURIALIS, who arranged the diseases on the principle of their supposed seat; and WILSON's system, where it is assumed that diseases of each different structure of the integument can be distinguished from each other. HEBRA's system is founded on the basis of morbid anatomy, but as it is so complicated, Dr. HILLIER adopts a mixed system of classification under the head of four main divisions—parasitic, acute specific infectious diseases, syphilides, and other diseases. This classification,

with several others, is arranged in an appendix for convenience of reference.

Nothing new is presented in his remarks upon the diseases discussed, and we must do the writer the justice to say that nothing of that kind was promised, but merely that the description and treatment should be divested of all those superfluous terms which obscure the meaning and distract the attention, without contributing in any degree toward the understanding of the disease. This has been done in a most commendable manner, and no one can fail to be struck with the improvement. His remarks are concise and without digression, and the treatment adopted from the circumstances is very practical, and apparently judicious. We are sorry that we cannot give details, but as the work is one which will be found in every library whose owner makes any pretensions toward understanding this class of diseases, we will do no more than commend it to them, and feel satisfied that perusal will produce an impression in its favor. Several illustrations are interspersed, and to them is added two plates delineating vegetable parasitic growths. As many diseases cannot be described, and can be delineated only at great expense, the author refers to NELIGAN's Atlas of Cutaneous Diseases, published by the house that presents this to the American public. The work is gotten up in excellent style, and increases the obligations of the profession to Blanchard & Lea, who, we understand, contemplate issuing a number of valuable works during the coming season.

A Vest-Pocket Medical Lexicon. Being a Dictionary of the Words, Terms, and Symbols of Medical science. Collated from the best authorities, with the addition of new words not before introduced into a Lexicon. With an Appendix. By D. B. ST. JOHN ROOSA, Aural Surgeon to the New York Eye and Ear Infirmary. Pp. 268. New York: William Wood & Co. 1865. Price \$1.00 tuck, 75 cts. cloth.

This diminutive volume has been prepared specially for the use of students. It is intended, as its name indicates, to be carried in the vest-pocket. It is very neatly got up, and is well adapted for the purpose for which it was intended.

The Appendix embraces—1. A vocabulary of terminations often used in the composition of medical words. 2. Abbreviations and symbols used in prescription writing. 3. Examples of prescriptions. 4. Poisons and their antidotes. 5. Table of elementary substances, with their symbols and equivalents. We notice the errors of leaving off, in most instances, the *f.* for fluid before the sign for fluid ounce, etc., and *gtts.* for *gtt.* (guttæ.)

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, APRIL 29, 1865.

SICKNESS IN EUROPE.

EUROPE seems to be getting into a panic in view of the fact that in Eastern Europe there is at present prevailing an unusual amount of sickness, with a tendency to spread westwardly. It is somewhat remarkable that most of the great epidemics recorded in history, have moved from east to west. The great plagues of the fifth century, B. C., and of the second, fourteenth, and seventeenth centuries, of the Christian era, and the cholera of the fourth decade of the present century, all attest this fact.

The accounts of the disease now prevailing in Russia are at present somewhat confused, so far as they have fallen under our notice. There seems to be an effort to conceal the fact as much as possible that there is any special sickness prevalent. A correspondent of the London *Times*, writing from Berlin, says that there appears to be three several maladies prevailing at the same time in St. Petersburg. 1. In October last, spinal meningitis broke out. This disease seems to answer the description of the cerebro-spinal meningitis, or "spotted fever," that has been so prevalent and so fatal in some portions of this country. The mortality of this disease is stated at from twenty to fifty per cent. 2. Typhus fever followed in November. This occurred sporadically at first, and gradually developed into a malignant species of recurrent fever. The fever lasts a week at a time, the several attacks being separated by intervals as long. During these intervals, the health is apparently so good that people have been dismissed from the hospital, who died soon after. A special committee has been formed under Governor-General SUWAROFF to look after those apparently cured. On a second or third attack, there is a general collapse, decomposition of blood, and paralysis. Quinine and stimulants have no effect. The deaths, at first but twenty, have risen to forty per cent. The spleen and liver are much affected. In many cases epidemical inflammation of the spleen, with *pustula maligna*, has been observed.

It would seem to be in reference to this disease that the British ambassador in St. Petersburg says:—"the fever is contagious, and is called in French *fièvre à rechute*, in German *das recurrirende Fieber*, and 'the relapsing or famine fever' in English. It is also styled 'remittent fever,' or 'typhus recurrens,' or 'bilious typhoid fever,' or 'synocha,' or 'miliary fever,' or 'typhi-

nia.' It was unknown in Russia until eight months ago, when Professor BORKIN called attention to it as a fever he had never seen, though foreign physicians had described it."

3. But more recently another disease, it is represented, has appeared, and it is this which seems to be creating such a panic in Europe. The malady is stated to have broken out originally on the other side of the Ural mountains, whence it slowly threaded its way toward St. Petersburg, increasing as it went, and culminating at length among the destitute classes of an unhealthy and densely populated capital. In its steady advance toward the west it has now reached the Prussian frontier, and, in a milder form, already shown itself in the towns of Königsberg, Dantzic, and Gumbensen. In the Waldai hills, to the southwest of St. Petersburg, whole villages are said to have been depopulated.

A Paris correspondent of a New York paper says:—"A description of the symptoms and course of the disease which reached here, at first seemed to me to be nearly the same as those in violent cases of yellow fever,—sudden pain in the nape of the neck, in the hand or foot, or, indeed, any part of the body, followed by violent chill and fever; a second chill coming on the following day, with increased violence. This paroxysm is frequently fatal, a third invariably so. Another peculiarity, which is common in yellow fever, marks the Siberian plague, as it has been called. Patients who appear to be entirely recovered, at the end of five or six days are subject to a fatal relapse if they leave their beds."

The *Medical Gazette*, of St. Petersburg, is quoted as saying—"It was during last autumn that the disease broke out simultaneously in the northeast and southwest of the Russian empire. M. GWORLING, the government doctor at Perm, announced that he had seen forty cases of this disease, which commences with cold and shivering, followed by great heat, without perspiration accompanied by colic, headache, delirium, general debility, and sometimes with a flow of blood from the nose. The disease lasts from five to six days, after which the invalid recovers his appetite, falls into a sound sleep, and the fever quits him. The fever returns after a short interval, but again ceases, and the doctor has observed this to have happened three or four times. Quinine taken in large doses cures the fever, and removes delirium, but does not produce decisive effects, nor is it sufficient to arrest the progress of the disease."

One correspondent speaks of extreme dilation of the pupils, a strong disposition to vomit,

which cannot be satisfied, a swelling of the abdomen, pestilential carbuncles, and dark color of the skin, as its unmistakable symptoms.

A Florence journal publishes a communication from Dr. GALLIGO, which gives the most connected medical account of the epidemic, that we have yet seen, though still very incoherent and unsatisfactory. Dr. GALLIGO says:—"We have received from Dr. TILLEUR, physician to the Grand Duchess MARIA of Russia, who has just arrived from St. Petersburg, some important details respecting the disease now raging in that capital. This malady appears to be neither a fever of an intermittent or continuous nature, nor yet a simple typhoid fever; but it certainly is very virulent and dangerous. According to the opinions of the Russian physicians, it is the same fever that was observed for the first time in Scotland, in the year 1819, and denominated in that country the intermittent fever, from the length of the intermissions and the prolonged attacks. This fever is ushered in by cold shivering, alternating with remarkable heat (from 40 deg. to 41 deg. centigrade, or 106 deg. Fahrenheit), the pulse beating 130. Great prostration and disorder are observable in the nervous actions, although the state of the mental faculties remains unaltered; frequent pains are felt in the head and limbs, great pain is also felt in the left hypochondriac region, and an examination by palpation and percussion proves the spleen to have immensely increased in volume. The skin is yellow in color, owing to the liver being likewise affected by the malady. The initiatory attack of the fever lasts from seven to eight days, and terminates with a very copious perspiration. After the first paroxysm, an interval occurs of seven or eight days, during which the patient appears almost as well as ever, but at the expiration of that period a second attack manifests itself like the first, but accompanied with still greater prostration. This continues also about seven days, terminating, like the other, with profuse perspiration. Sometimes a third paroxysm declares itself after a further interval of seven days, one of the symptoms being a burning thirst and complete aneurism, (?) and the patient sinks into the most profound state of prostration. The rate of mortality is eight* per cent., and the victims of this malady die during the second attack, usually from a kind of general paralysis, or through serious derangement of the nervous organs, with real decomposition of the blood, and an enormous increase in the

spleen. The liver also becomes greatly enlarged, but the intestines, on the other hand, are either found healthy or else hardly congested. Everything has hitherto failed to shorten the duration of the febrile attacks. Salts of quinine, given in large and small doses, have been quite ineffectual to overcome the attacks characteristic of this malady. In the second paroxysm, in which there is increased prostration of the forces, the most powerful stimulants have been administered—such as moss wine, alcohol, ether, camphor, &c., but they produce little or no effect. The chief cause of this disease is supposed to be the arrival in St. Petersburg of an immense number of workmen from the neighboring provinces, and even from the most distant towns. It is said there are just now in the capital, 43,000 workmen more than the usual number. The consequence of this is that they cannot find work and are obliged to live in unhealthy localities, and to live upon the black bread, which contains this year much more horned rye than in previous years. It has been discovered by chemical analysis that this bread contains one per cent. of horned rye in the flour with which it is made. Thus every workman living on the same, may be calculated to eat 100 grains of horned rye per diem. Besides this, the oxen, cows, and other animals being no longer slaughtered in St. Petersburg, but at Moscow, whence the meat is despatched ready prepared, the heads, hoofs, feet, and intestines of these animals, which previously formed one of the staple articles of sustenance of the poorer classes, on account of their cheapness, are no longer to be had at St. Petersburg, and the poor are now compelled to live almost exclusively upon the above mentioned bread, which contains injurious substances, partly contributing to produce the disease in question. The malady is exclusively confined to the poorer classes.

The authorities of St. Petersburg have ceased publishing official returns of the number of cases and mortality, but from the large sums voted by the metropolitan authorities or supplied by government, some idea may be formed of the extent and virulence of the malady. Besides 200,000 roubles (about \$160,000) contributed by the treasury, 400 additional beds have been placed at the disposal of the town, and large subscriptions made by the princes and aristocracy. The town, too, has opened a new hospital at the cost of 60,000 roubles, (about \$48,000), considerably augmenting at the same time the funds of the various charities, and aiding the convents in the care and reception of the sick."

* This must be an error. Another account places the mortality at seventy per cent.

We have given above, the best account we can collate from the materials at our hands, of this "Siberian plague," as it is called, and our readers will perceive in it evidences of the state of panic that exists in regard to it. Later accounts represent the disease as disappearing.

A great many medical men and students have, it is said, gone from Western Europe to St. Petersburg, to study into the nature and habits of the disease, and it is represented that forty or fifty of them have fallen victims to their zeal. Among its victims is mentioned Dr. ERICHSON, surgeon to the Emperor NICHOLAS, aged seventy-five.

The western nations of Europe are enforcing quarantine regulations against vessels from Russian ports, and we doubt not that proper precautions will be taken against the importation of the disease into this country. If this or any other epidemic should be introduced into New York, in its present sanitary condition, and with such inadequate sanitary regulations as it is now subject to, the effects on the country would be deplorable. Then would be felt the necessity for such a Health Law, as for several years past has been before the Legislature of that State, and which has by some means been defeated each year.

An attempt is made in some quarters to inculcate the idea that some terrible epidemic will follow our rebellion—that plagues constitute a part of the natural history of rebellions. The way to meet any supposed danger from epidemic diseases, is to enforce personal and municipal cleanliness, and to have plenty of air and light in our habitations.

Notes and Comments.

Medical Department of Iowa State University.

At the recent Commencement of the Medical Department of the University of Iowa, located at Keokuk, there were *twenty-two* graduates. A spring and summer session, to continue sixteen weeks, began March 1st.

To Prevent Pitting in Small-Pox.

Dr. SAMUEL E. WILLS, of Cecilton, Md., writes us:—"I am much pleased with an emulsion of sweet or linseed oil and lime water, as a local application in small-pox. My practice has been to first puncture the pustules about the face as early as the vesicle is formed, then wash with a solution of nitrate of silver, \mathfrak{zj} to the ounce, and repeat the washing twice daily, till the face is

blackened. I then begin with the oil and lime water emulsion; the proportion of the ingredients will vary, owing to the lime used. If fresh burned, equal parts of lime water and oil will make a thick creamy emulsion, that does not dry rapidly, keeps the face moist, and allays the burning and itching. It is best applied with a camel's hair brush; a mop made with a rag an inch wide and six inches long, fastened to a small stick, has answered very well. I have seen no pitting where it has been applied every three or four hours, and the scabs have not been interfered with. The tincture of iodine has answered the purpose in two cases, applied directly to the ruptured vesicle. It evaporated rapidly, and required an attentive and intelligent nurse to use it."

Death of Dr. Valentine Mott.

Dr. VALENTINE MOTT died at his residence 1 Gramercy Park, N. Y., on the evening of April 26th, 1865, at the advanced age of 80 years. Though many able practitioners will, doubtless, obtain high rewards for their advancement in science, Dr. MOTT will ever be considered the First American Surgeon. Suitable memorials will ere long testify the regard of his admirers, but nothing seems so appropriate as a bronze statue in the city of New York, as the focus of a testimonial subscription from all the members of his profession throughout the United States. Truly, indeed, may it be said of his reputation, as regards the flight of time,

AQUIRET VIRES EUNDO.

A biographical sketch of Dr. MOTT was published in the REPORTER last year.

Acting Assistant Surgeons.

A correspondent addresses us a note of inquiry in respect to the status of Acting Assistant or contract Surgeons, as compared with that of Surgeons of the regular and volunteer forces. "When an Acting Assistant Surgeon reports himself to the commanding officer of a Department, what is his proper position? Is he entitled to wear the insignia of commissioned army surgeons, and what is his rank? Should he be mustered in as one of the officers of the post? In short, is he entitled to all the privileges of a regular army surgeon?"

The status of Act'g Ass't Surgeons has always seemed to us somewhat anomalous, and it has been the cause of some complaint on the part of Surgeons of the regular and volunteer forces. We presume, however, that their services will be dispensed with before long.

A communication on the above subject appeared in the REPORTER of January 28th last.

Dr. Webster's Address.

The address on the Army Medical Staff by WARREN WEBSTER, M. D., U. S. A., at the inauguration of the Dale General Hospital, U. S. A., at Worcester, Mass., which was published in the *REPORTER* of March 18th and 25th, has been very neatly issued, in pamphlet form, by the Medical Commission of Massachusetts.

Errata.

In number 423, page 414, line 24, second column, read *tumid*, instead of *humid*.

Page 415, line 40, first column, read *hypochondrium*, instead of *hyperchondrium*.

After the last line of the same page and column, the following has been omitted:—blood-making function; it is actively concerned in hæmatisis. When it becomes diseased there—

News and Miscellany.**Surgical Statistics of the Rebel Army.**

The following statistics are collected from the pages of the "*Confederate States Medical Journal*," published at Richmond, while it was the rebel capital.

First, is a paragraph covering the whole area of the Rebellion, for the years 1861 and '62.

Whole number of cases exhibited in the field-reports during 1861 and 1862, was 848,555; of which 16,220 died, and 10,455 were discharged from service. There were admitted in hospitals for the same period 447,689 cases, of which 19,359 died, and 6485 were discharged.

Second, a synopsis of the Consolidated Reports of the Hospitals in the Department of Virginia, from September, 1862, to December, 1863, inclusive. By Surgeon W. A. CARRINGTON, Medical Director.

Total number admitted,	293,165
Total number transferred,	127,530
Total number returned to duty,	98,430*
Total number furloughed,	39,665
Total number discharged,	4,441†
Total number deserted,	4,446
Total number died,	10,248
Total number in hospital Jan. 1, 1864,	8,495

Adding up the number accounted for (returned to duty, furloughed, died, deserted, discharged, and on hand), and adding 9134, the number transferred to hospitals out of the State, we have

* From the total returned to duty, must be deducted 2465 prisoners returned to quarters, leaving 95,965.

† From the total discharged the service must be deducted 1634 prisoners discharged and sent home on parole, leaving 2807.

the true number of cases treated in the Virginia hospitals from September, 1862, to December, 1863, inclusive, 174,767, giving the grand ratio of mortality, 5.86 per centum.

The largest number under treatment at any one time was in January, 1863, 18,876.

The smallest population occurred in October, 1863, 7841.

Plural Births.

We clip the following item from a newspaper. It may be true, and it may not. Our object in copying it is to take the occasion to say, that when instances of the kind related do occur, the physician under whose notice they fall should make it a matter of duty to report them to some medical journal for permanent record.

"MRS. ANDREW ALLISON, residing in Beaver county, Pa., last week gave birth to four healthy children. Some twenty months ago Mrs. ALLISON gave birth to three daughters, whom she named Cora, Dora, and Nora. These seven children, born within a period of two years, were at last accounts doing well, as was also their mother."

Military Prison Mortality.

The statistics of military prison life on Johnson's Island, where 7771 rebel prisoners have been received during the last two years, show a mortality of only 210, or little more than 2½ per cent. The percentage of deaths among the United States prisoners confined at Salisbury, North Carolina, was more than nine times greater. That is, it reached to about one fourth of the entire number.—*Boston Med. Jour.*

Mortality in Paris.

The following statistics of the diminished mortality in Paris extend over a period of twenty-four years. In 1841 the population of twelve parishes amounted to 935,000 persons, and one death in 36 is proved. In 1864 the number of deaths was one in 40. Wide streets and open boulevards have replaced the narrow passages and crowded courts of old Paris. Also there is an immense increase in the quantity of water. In 1840, 65,000 cubic *mètres* were distributed in twenty-four hours, whereas in 1863, 133,258 cubic *mètres* were supplied. In 1840 there were 36,000 *mètres* of sewers, whereas in 1863 the sewers of Paris attained the surprising length of 350,000 *mètres*—that is, 90 leagues. Another cause of the increased salubrity of Paris is the immense number of squares and open gardens created for the use of the people.

Counterblast to Tobacco.

M. JOLLY has delivered a well written, and scientific, and reasonable counterblast to tobacco before the French Academy of Medicine. His proofs will, however, we suspect, hardly satisfy the smokers of the world. It is often not an easy thing to bring home guilt even to a guilty party. M. JOLLY makes statistics show that tobacco smoking has greatly increased mortality, and particularly of death from nervous diseases, and of men. The tables of mortality, he tells us, for the last twenty years, show a much greater mortality of men between thirty and fifty years of age, than of women. And what, he asks, must be the cause? When a man has reached from thirty to fifty, he has already paid his tribute to death from war; he has also paid his tribute to the diseases of adolescence, eruptive fevers, and tuberculous disease. The statistics of mortality answer the question by showing that it is from an increase of nervous diseases that this mortality is caused—an increase of that long list of diseases which result from all kinds of physical, moral, and intellectual excitations, and, above all, from the effects of the abuse of tobacco. How is the evil to be remedied? To attempt the suppression of smoking is a Utopian idea. M. JOLLY recommends that men, if they must smoke, should use the tobaccos of Greece, of Arabia, of Paraguay, which only contain small proportions of nicotine, instead of using those tobaccos which are saturated with the poison. By so doing, agriculture would gain twenty thousand hectares of excellent land, which are now used in the cultivation of a poisonous plant. Or, if this cannot be, then let science deprive the strong tobaccos of their excess of nicotine, and replace it with perfumes, etc.; and also let the public be enlightened as to the evils which tobacco-smoking is at present inflicting on society. To those interested in this subject, M. JOLLY's paper will be found exceedingly interesting, and full of statistical materials.—*British Medical Journal*.

Watering Plants with Iron.

It is stated by several of the foreign scientific journals, as a new discovery, that wonderful effects may be obtained by watering fruit trees and vegetables with a solution of sulphate of iron. Under this system, beans will grow to nearly double the size, and will acquire a much more savory taste. The pear seems to be particularly well adapted for this treatment. Old nails thrown into water, and left to rust there, will impart to it all the necessary qualities for forcing vegetation as described.

Suppression of Quackery.

No quack is permitted to practise in France. When a man is about to commence the practice of medicine in any town there, he is obliged to present to the mayor, or other authority of the town, his diplomas, and if they are not *en règle*, he is not allowed to open his practice. The result is, that the public health and the purses of individuals are alike protected. Why cannot that which is done in France be done in England?

So says the *British Medical Journal*. It is useless to expect it in this country at present.

Pregnancy or Ovarian Disease.

A circumstance has lately occurred in Ireland, says the *British Medical Journal*, which has caused a good deal of "talk." A married female, mother of three children, presented herself to an hospital surgeon, and stated that for a year and a half she had observed a gradually increasing abdominal tumor, which gave her annoyance and interfered with her health. She was received into the hospital, and after some weeks' residence, the tumor was pronounced ovarian. She was considered a favorable case for operation; but previous to such a remedy, a consultation was called. There were a goodly number of medicos present, and among them "professors" and "clinical teachers." After due examination of the patient, some thought immediate operation, and some deferred interference, advisable. The latter view was adopted, and in a few nights after the consultation the intended operator was suddenly summoned to the woman's bedside, when lo! nature had operated in relieving her of a five months' fetus! It would seem that her husband had been absent some two years, and the tumor annoying her, she laid her plan for being legitimately, and on sound principles free from her burden, and she succeeded!—a caution as to a correct diagnosis being formed in abdominal tumors. It is stated that particulars will appear in the transactions of a medical society.

Army and Navy News.

ARMY.

ASSIGNED.—Surgeon Alfred Wynkoop, U. S. A., is hereby relieved from duty in the Department of the South, and ordered to duty under the direction of the Ass't Surgeon-General at Louisville, Ky.

Hospital Steward James H. Wright, U. S. A., is hereby relieved from duty in the Department of the Gulf, and ordered to the Department of the East, at New York City.

Hospital Steward R. A. Ivers, U. S. A., is hereby relieved from duty in the Department of the East, and ordered to the Department of the Gulf, at New Orleans, La.

Ass't Surgeon John Van Zandt, U. S. A., to duty in charge of depot field hospitals, at City Point, Va.

NAVY.

REGULAR NAVAL SERVICE.

ORDERED.—Ass't Surgeon Edward R. Dodge, to duty at the Navy Yard, Philadelphia.

Passed Ass't Surgeon James H. Tinkham, to the *Colorado*.

Surgeon Henry O. Mayo, to the Marine Rendezvous, New York.

Passed Ass't Surgeon G. H. E. Baumgarten, to the *Waterloo*.

DETACHED.—Ass't Surgeon C. E. Steadman, from the *Circassian*, and waiting orders.

Ass't Surgeon William H. Johnson, from the *Powhattan*, and waiting orders.

Ass't Surgeon George T. Shipley from the *Waterloo*, and ordered to return to the East, for examination at Philadelphia.

Ass't Surgeon Charles H. Giberson, from the Marine Rendezvous, New York, and ordered to the *Susquehanna*.

Surgeon James McMaster, from the *Shenandoah*, and waiting orders.

Surgeon Charles Martin, from the *Mohican*, and waiting orders.

Passed Ass't Surgeon A. C. Rhoades, from the *Bienville*, and waiting orders.

VOLUNTEER NAVAL SERVICE.

DETACHED.—Acting Ass't Surgeon E. D. G. Smith, from the West Gulf Squadron, on the reporting of his relief, and ordered north.

Acting Ass't Surgeon Jared W. Dillman, from the *Princeton*, and ordered to the West Gulf Squadron.

Acting Ass't Surgeon C. W. Knight, from the *Carrabasset*, on the reporting of his relief, and ordered north.

Acting Ass't Surgeon E. A. Fobes, from the *North Carolina*, and ordered to the *Carrabasset*.

Acting Ass't Surgeon Thomas W. Bennett, from the *Vicksburg*, and waiting orders.

Acting Ass't Surgeon John M. Balten, from the *Valley City*, on the reporting of his relief, and ordered north.

Acting Ass't Surgeon L. W. Loring, from the *North Carolina*, and ordered to the *Valley City*.

Acting Ass't Surgeon S. B. Kennedy, from the *Fernandina*, and waiting orders.

Acting Ass't Surgeon Winthrop Butler, from the *Santiago*, and waiting orders.

Act'g Ass't Surgeon George S. Fife, from the *Braziliera*, and waiting orders.

APPOINTED.—Lewis Whitney Loring, of New York city, Act'g Ass't Surgeon, and ordered to the *North Carolina*.

B. Semig, of the Medical Director's office, Department of West Virginia, Act'g Ass't Surgeon, and ordered to the Navy Yard, Washington.

George H. Bull, of Boston, Mass., Act'g Ass't Surgeon, and ordered to the *Ohio*.

Clarence M. Stack, of Hightstown, N. J., Act'g Ass't Surgeon, and ordered to the *North Carolina*.

RESIGNATIONS ACCEPTED.—Acting Ass't Surgeon Edward P. Colby, of the *Rudolph*.

Acting Ass't Surgeon Isaac T. Coates, of Chester, Delaware Co., Pa.

Acting Ass't Surgeon Henry H. Smith, of the *Thomas Freeborn*.

Acting Ass't Surgeon H. A. Bodman, of Hospital Pinkney, Mississippi Squadron.

Act'g Ass't Surgeon Henry Johnson, of the *Parotuzent*.

MARRIED.

HOSMER-TATEM.—At St. Ann's Church, N. Y., on Thursday, April 20th, by Rev. Thomas Gallaudet, Dr. George W. Hosmer and Agnes D., eldest daughter of the late John R. Tatem, Esq.

SWEET-WINANTS.—In the Central Baptist Church, Brooklyn, on Sunday, April 23d, by Rev. C. C. Williams, Dr. O. P. Sweet, of Washington, D. C., and Miss Lizzie P. Winants, of the former place.

DIED.

GIBSON.—In Richmond, Va., on Sunday, April 23d, Dr. Charles Bell Gibson, Professor of Surgery in the Medical College of Virginia, in the 50th year of his age.

Dr. Gibson was a son of Dr. William Gibson, Emeritus Professor of Surgery in the Medical Department of the University of Pennsylvania, in this city.

JOHNSON.—At Penn's Grove, Salem Co., N. J., Nov. 10, 1864, Isabella T., wife of Mayhew Johnson, M. D., in the 37th year of her age.

PEPPER.—In this city, on Saturday afternoon, April 22d, in the 6th year of his age, Albert, youngest child of the late William Pepper, M. D.

SHREVE.—In this city, on Friday evening, 21st inst, Mattie M., wife of Dr. J. H. Shreve, and eldest daughter of Alfred and Jane Hoffs, aged 27 years.

WESTCOTT.—At Naval Hospital, New Orleans, March 9th, of inflammation of the lungs, Dr. Edmund R. Westcott, in the 35th year of his age, Acting Ensign United States Navy.

WOOD.—In Sacramento, California, March 20th, Mary T., wife of Dr. Charles S. Wood, Surgeon U. S. Army, a native of New York, aged 30 years.

METEOROLOGY.

April	17,	18,	19,	20,	21,	22,	23.
Wind.....	S. W.	W.	W.	S. E.	N. E.	N. W.	N. W.
Weather.....	Clear.	Clear.	Clear.	Rain.	Cl'dy.	Cl'dy.	High.
Depth Rain.....				1 in.			
Thermometer.							
Minimum.....	40°	40°	46°	48°	45°	44°	43°
At 5 A. M.....	50	50	63	58	48	54	50
At 12 M.....	55	67	68	58	49	64	54
At 3 P. M.....	57	69	69	58	51	66	50
Mean.....	50.50	56.50	61.50	54.	48.25	57.	49.25
Barometer.							
At 12 M.....	30.4	30.	30.2	30.2	30.2	29.8	30.

Germanstown, Pa.

B. J. LEEDON.

ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.—The Nineteenth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, will be held at the "Monongahela House," in the City of Pittsburgh, Pa., commencing at 10 A. M. of Tuesday, June 13, 1865.

JOHN CURWEN, M. D., Secretary.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV. All the numbers.

Vol. V. No. 1, Oct. 6, '60; No. 19, Feb. 9, '61.

" VI. Nos. 18, 19, Aug. 3, 10, '61.

" VII. Nos. 1, 2, 6, Oct. 5, 12, Nov. 9, '61; Nos. 10 to 12,

Dec. 7, '61, to March 8, '63.

" VIII. No. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.

" IX. Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov. 8, 15, 22, '62;

Dec. 27, '62, and Jan. 3, '63, Jan. 24 & 31, '63.

" XI. Nos. 1, 4, 5, 7, 11, 21, Jan. 2, 23, 30, Feb. 13, March 13,

May 21, '64.

" XII. Nos. 1, 5, 11, 12, 17, July 2, Sept. 10, Oct. 22, 29, '64,

Feb. 4, '65.

As we are in pressing need just now of a few copies for new subscribers, of No. 414, Feb. 4, 1865.